



Water Compliance Inspection Report

[illegible]



Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) ROZELYN FARM DAIRY 9325 DOUBLE DITCH ROAD LYNDEN, WA 98264	Entry Time/Date 13:45 PM 24-Feb-12	Permit Effective Date
	Exit Time/Date 14:30 PM 24/02/12	Permit Expiration Date
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Numbers LEON ZWEEYMAN (OWNER AND OPERATOR) (b) (6)	Other Facility Data (e.g., SIC, NAICS, and other descriptive information) SIC CODE 0241 (b) (6)	
Name, Address of Responsible Official/Title/Phone and Fax Number SAME AS ABOVE	Unpermitted GPS N 48.97823 W 122.47472	
Contacted <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No		

	Permit		Self-Monitoring Program		Pretreatment		MS4
	Records/Reports		Compliance Schedule		Pollution Prevention		
X	Facility Site Review		Laboratory	X	Storm Water		
	Effluent/Receiving Waters	X	Operations & Maintenance		Combined Sewer Overflow		
	Flow Measurement		Sludge Handling/Disposal		Sanitary Sewer Overflow		

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

MAR 21 2012

**Inspection & Enforcement Management Unit
(IEMU)**

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
DAVE TERPENING 	REG 10 / OCE / IEMU / 206 553-6905	24-Feb-12
DUSTAN BOTT	REG 10 / OCE / IEMU / 206 553-5502	
Signature of Management QA Reviewer 	Agency/Office/Phone and Fax Numbers	Date 03/27/12

ICIS/PCS.

3-26-2012

Y Brown

NODES WAU 000581

INSTRUCTIONS

Section A: National Data System Coding (i.e., PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	I Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

Column 19: Inspector Code. Use one of the codes listed below to describe the lead agency in the inspection.

A --- State (Contractor)	O --- Other Inspectors, Federal/EPA (Specify in Remarks columns)
B --- EPA (Contractor)	P --- Other Inspectors, State (Specify in Remarks columns)
E --- Corps of Engineers	R --- EPA Regional Inspector
J --- Joint EPA/State Inspectors—EPA Lead	S --- State Inspector
L --- Local Health Department (State)	T --- Joint State/EPA Inspectors—State lead
N --- NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 --- Municipal, Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 --- Industrial, Other than municipal, agricultural, and Federal facilities.
- 3 --- Agricultural, Facilities classified with 1987 SIC 0111 to 0971.
- 4 --- Federal, Facilities identified as Federal by the EPA Regional Office.
- 5 --- Oil & Gas, Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

FY 2012 INSPECTION CONCLUSION DATA SHEET (ICDS)

EPA Region 10

CWA NPDES

ICDS data is required to be reported for all on-site compliance inspections conducted by EPA inspectors, Senior Environmental Employees, or EPA contractors. States and tribes are not required to report ICDS data even if using EPA credentials. Federal 'Oversight' inspections conducted to ensure the integrity of a State's compliance monitoring program are not subject to ICDS lines 18-22 and Attachments A-F.

This form requires the inspector to provide the requested information by entering data in a text box, or checking the applicable box in a multi-select pick list. In addition to the 'core' compliance monitoring data, additional information is required if the inspection has a 'NPDES Special Regulatory Program' component. **DO NOT MODIFY FORM**

Compliance Activity Type: Inspection/Evaluation

1. EPA Lead Inspector:

First & Last Name:	DAVE TERPENING
Phone #: (include area code)	206 553-6905

2. Compliance Monitoring Dates: *(mm/dd/yyyy of inspection)*

Actual Start Date:	02/24/2012
Actual End Date:	02/24/2012

3. Compliance Monitoring Activity Name:

This is a descriptive name to help identify the compliance monitoring activity (e.g., *Castle Peak Construction LLC – Hidden River Estates construction site*).

ROZELYN FARM DAIRY

4. On-Site Facility Representative? *(Check No or Yes)*

<input type="checkbox"/>	No → If checked, proceed to ICDS line 5												
<input checked="" type="checkbox"/>	Yes → If checked, provide the following information then proceed to ICDS line 5												
	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Facility Representative: (first & last name)</td> <td>LEON ZWEEYMAN</td> </tr> <tr> <td>Individual's Title:</td> <td>Owner and Operator</td> </tr> <tr> <td>Organization:</td> <td></td> </tr> <tr> <td>Phone #: (include area code)</td> <td>(b) (6) cell</td> </tr> <tr> <td>Fax #: (include area code)</td> <td></td> </tr> <tr> <td>Email:</td> <td></td> </tr> </table>	Facility Representative: (first & last name)	LEON ZWEEYMAN	Individual's Title:	Owner and Operator	Organization:		Phone #: (include area code)	(b) (6) cell	Fax #: (include area code)		Email:	
Facility Representative: (first & last name)	LEON ZWEEYMAN												
Individual's Title:	Owner and Operator												
Organization:													
Phone #: (include area code)	(b) (6) cell												
Fax #: (include area code)													
Email:													

5. Linked Facility:

Media-Specific Programmatic ID: For CWA NPDES facilities, this is the assigned 9-digit alphanumeric number (e.g., *NPDES IDR10BD47*). ONE & only one Programmatic ID must be linked to the Inspection. *(Enter assigned NPDES #)*

WAU 000581

Facility Classification: *(Check ONE)*

NPDES Major	NPDES Minor	NPDES Unpermitted
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Facility Site Name: This is the public or commercial name of the site inspected.

ROZELYN FARM DAIRY

Facility Site Location: This is the physical address of the site inspected (e.g., 504 Larch Street, Priest River, ID 83856). Include: street address or detailed description, city name, state code, & zip code; *no corporate mailing address or P.O. Box*

9325 Double Ditch Road
Lynden, WA 98264

Facility Latitude & Longitude: *(Decimal Degrees only)*

Latitude: (e.g., +48.183883) 48.97823

Longitude: (e.g., -116.90209) 122.47472

Is facility site within Tribal Land? *(Check No or Yes)*

☒ No

Yes → Enter Tribal Land Name in text box below:

SIC and/ or NAICS Codes: The 1987 Standard Industrial Classification (SIC) 4-digit code represents the economic activity of a company. The 2007 North American Industry Classification System (NAICS) 6-digit code represents a subdivision of an industry. The link to the NAICS/SIC code website is available on EPA R10's OCE Intranet site. *(Enter all codes corresponding to the site/facility inspected)*

0241

Facility Type of Ownership: This information is specific to facility ownership; not inspection activity. *(Check only ONE)*

☐ Corporation

☒ Privately Owned

☐ Individual

☐ City Government

☐ County Government

☐ State Government

☐ Tribal Government

☐ School District

☐ Municipal or Water District

☐ Mixed Ownership (e.g., Public/Private)

☐ GOCO (Government Owned/Contractor Operated)

☐ Federal Facility → Enter Federal Agency Name in text box below:

Small Business Indicator: This flag indicates if the Facility meets the requirements of the EPA Small Business Policy, defining "small business" as a person, corporation, partnership or other entity that employs 100 or fewer individuals across all facilities and operations owned by the small business. *(Check No or Yes)*

☐ No

☒ Yes

6. Federal Statute | Law Section | Program:

This is the statute & section of the corresponding regulation associated with the inspection, & the program that is authorizing the Activity or being violated. (Check only ONE)

	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Base Program (Limits, Reporting, Schedule)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Pretreatment
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sludge/Biosolids
X	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Concentrated Animal Feeding Operations (CAFOs)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Combined Sewer Overflows (CSO)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Sanitary Sewer Overflows (SSO)
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Construction
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: Non-Construction
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Stormwater: MS4
	CWA	308[A][B]: Records & Reports; Inspections	NPDES-Section 308 Information Requests

7. Compliance Monitoring (CM) Action Reason:

This is the description that identifies the purpose of a Compliance Monitoring Activity.

(You must check either Core Program or Agency Priority. If ONE of the Other CM Action Reasons applies, it should also be checked.)

	Core Program → If checked; skip ICDS line 8 & proceed to ICDS line 9
X	Agency Priority → If checked; proceed to ICDS line 8 & identify the applicable FY 2012 OECA National Priority
	Other - Citizen Complaint/Tip
	Other - For Cause
	Other - Random Inspection
	Other - Result of Spill
	Other - Selected Monitoring Action

8. FY 2012 OECA National Priority:

This is the description that identifies the national priority that prompted the initiation of the inspection. (If Agency Priority was checked in ICDS line 7, you must check ONE National Priority in table below)

	2012 – Energy Extraction – Land Based Gas Extraction & Production
	2012 - WW - CAFO
X	2012 - WW - CAFO Regional Initiative Areas (WHATCOM COUNTY)
	2012 - WW - CSOs < 50K service population
	2012 - WW - CSOs > = 50K service population
	2012 - WW - MS4s - Phase I
	2012 - WW - MS4s - Phase II
	2012 - WW - SSOs > = 10 mg/d and < 100 mg/d

9. 'Inspection Type' PCS Code Reported on EPA Form 3560-3 (Rev 1-06) in Section A – Column 18:

Only one of the available 'Inspection Type' PCS Codes can be used to describe the type of inspection conducted. The Inspection Type checked in this section should equate to Compliance Monitoring Type checked in ICDS line 10. (Check only ONE)

A Performance Audit Inspection		\ CAFO (Sampling)	F Pretreatment (Follow-up)
B Compliance Biomonitoring	X	= CAFO (Non-Sampling)	G Pretreatment (Audit)
C Compliance Evaluation Inspection – Non-Sampling		# CSO (Sampling)	I Industrial User (IU) Inspection
D Diagnostic		\$ CSO (Non-Sampling)	P Pretreatment Compliance Inspection
J Complaints		+ SSO (Sampling)	! Pretreatment Compliance (Oversight)
M Multimedia Inspection		& SSO (Non-Sampling)	U IU Inspection with Pretreatment Audit

<input checked="" type="checkbox"/> N Spill	<input type="checkbox"/> { Storm Water-Construction (Sampling)	<input type="checkbox"/> 2 IU Sampling Inspection
<input type="checkbox"/> O Compliance Evaluation (Oversight)	<input type="checkbox"/> } Storm Water-Construction (Non-Sampling)	<input type="checkbox"/> 3 IU Non-Sampling Inspection
<input type="checkbox"/> R Reconnaissance Inspection	<input type="checkbox"/> : Storm Water-Non-Construction (Sampling)	<input type="checkbox"/> 4 IU Toxics Inspection
<input type="checkbox"/> S Compliance Sampling Inspection	<input type="checkbox"/> ~ Storm Water-Non-Construction (Non-Sampling)	<input type="checkbox"/> 5 IU Sampling Inspection with Pretreatment
<input type="checkbox"/> X Toxics Inspection	<input type="checkbox"/> < Storm Water-MS4 (Sampling)	<input type="checkbox"/> 6 IU Non-Sampling Inspection with Pretreatment
<input type="checkbox"/> Z Sludge – Biosolids	<input type="checkbox"/> - Storm Water-MS4 (Non-Sampling)	<input type="checkbox"/> 7 - IU Toxics with Pretreatment
<input type="checkbox"/> @ Follow-up (enforcement)	<input type="checkbox"/> > Storm Water-MS4 (Audit)	

10. Compliance Monitoring Type:

This is the description indicating the type of compliance monitoring activity conducted by a regulatory agency. The Compliance Monitoring Type checked in this section should equate to Inspection Type checked in ICDS line 9. (Check only ONE)

<u>Comprehensive Type Inspections</u> (designed to comprehensively determine compliance with the NPDES regulations & capture the most common & complete NPDES inspections)	<u>Alternative Type Inspections</u> (designed to capture less thorough, unique or unusual NPDES compliance monitoring activities)	<u>Industrial User (IU) Type Inspections</u> (apply only to the NPDES pretreatment program & designed to evaluate whether NPDES control authorities are meeting their responsibilities)
<input type="checkbox"/> Audit	<input type="checkbox"/> AFO Defined	<input type="checkbox"/> Audit (IU)
<input type="checkbox"/> Diagnostic	<input type="checkbox"/> AFO Designation	<input type="checkbox"/> Evaluation (IU)
<input checked="" type="checkbox"/> Evaluation	<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Sampling (IU)
<input type="checkbox"/> Plan Review	<input type="checkbox"/> Case Development	<input type="checkbox"/> Toxics (IU)
<input type="checkbox"/> Sampling	<input type="checkbox"/> Field Screening Sample	
<input type="checkbox"/> Schedule Evaluation	<input type="checkbox"/> Follow-up	
<input type="checkbox"/> Toxics	<input type="checkbox"/> Hyperspectral Imaging	
<input type="checkbox"/> Biomonitoring → If checked; you must also check a value in the following drop-down list	<input type="checkbox"/> Illegal Operators	
	<input type="checkbox"/> Non-Compliance Rate	
	<input type="checkbox"/> Reconnaissance with Sampling	
	<input type="checkbox"/> Reconnaissance without Sampling	
	<input type="checkbox"/> Remote Sensing	
	<input type="checkbox"/> Satellite Imaging	
	<input type="checkbox"/> Witness Response Drill	
	<input type="checkbox"/> Oversight → If checked, skip ICDS lines 18-22, and Attachments A-F	
Biomonitoring Compliance Monitoring Methods <input type="checkbox"/> Discrete Acute <input type="checkbox"/> Discrete Chronic <input type="checkbox"/> Discrete Method <input type="checkbox"/> Flow-Through Method <input type="checkbox"/> Flow-Through Acute <input type="checkbox"/> Flow-Through Chronic		

11. Compliance Monitoring Agency Type: (Check only ONE)

<input checked="" type="checkbox"/> U.S. EPA
<input type="checkbox"/> EPA Contractor
<input type="checkbox"/> Other-EPA (i.e. Senior Environmental Employees (SEE), National Enforcement Investigations Center (NEIC))

12. Compliance Monitoring Agency Name: (This is the only selection for ICDS)

<input checked="" type="checkbox"/> Environmental Protection Agency
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13. Was this a State, Federal or Joint (State/Federal) Inspection? (Check either *State*, *Federal* or *Joint*)

<input type="checkbox"/>	State Inspection → If checked; proceed to ICDS line 14										
<input checked="" type="checkbox"/>	Federal Inspection → If checked; proceed to ICDS line 14										
<input type="checkbox"/>	Joint (State/Federal) Inspection → If Joint, you must answer the following two questions										
<input type="checkbox"/>	1) If Joint, what was the purpose of the participation of the other party? (Check only <i>ONE</i>) <table border="1"> <tr><td><input type="checkbox"/></td><td>True Joint Inspection with EPA & State</td></tr> <tr><td><input type="checkbox"/></td><td>Oversight Purposes</td></tr> <tr><td><input type="checkbox"/></td><td>Training Purposes</td></tr> <tr><td><input type="checkbox"/></td><td>Assist the State</td></tr> </table>	<input type="checkbox"/>	True Joint Inspection with EPA & State	<input type="checkbox"/>	Oversight Purposes	<input type="checkbox"/>	Training Purposes	<input type="checkbox"/>	Assist the State		
<input type="checkbox"/>	True Joint Inspection with EPA & State										
<input type="checkbox"/>	Oversight Purposes										
<input type="checkbox"/>	Training Purposes										
<input type="checkbox"/>	Assist the State										
<input type="checkbox"/>	2) Which Party had the lead? (Check <i>State</i> or <i>EPA</i>) <table border="1"> <tr> <td><input type="checkbox"/></td> <td>State→ If checked, you must answer the following question</td> </tr> <tr> <td><input type="checkbox"/></td> <td> If State, Local or Tribal lead, did EPA assist? (Check <i>No</i> or <i>Yes</i>) <table border="1"> <tr><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td></tr> </table> </td> </tr> <tr> <td><input type="checkbox"/></td> <td>EPA</td> </tr> </table>	<input type="checkbox"/>	State → If checked, you must answer the following question	<input type="checkbox"/>	If State, Local or Tribal lead, did EPA assist? (Check <i>No</i> or <i>Yes</i>) <table border="1"> <tr><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td></tr> </table>	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	EPA
<input type="checkbox"/>	State → If checked, you must answer the following question										
<input type="checkbox"/>	If State, Local or Tribal lead, did EPA assist? (Check <i>No</i> or <i>Yes</i>) <table border="1"> <tr><td><input type="checkbox"/></td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td>Yes</td></tr> </table>	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes						
<input type="checkbox"/>	No										
<input type="checkbox"/>	Yes										
<input type="checkbox"/>	EPA										

14. Media Monitored: (Check only *ONE*)

<input type="checkbox"/>	Water (biosolids & other sludges)	
<input checked="" type="checkbox"/>	Water (navigable/surface)	
<input type="checkbox"/>	Water (sediment)	
<input type="checkbox"/>	Water (stormwater)	
<input type="checkbox"/>	Water (wastewater to POTW) → Applies to Industrial Users discharging to POTW. If checked, you must enter the applicable POTW Name & NPDES # in text box below: <table border="1"> <tr> <td> </td> </tr> </table>	

15. Compliance Monitoring Media Indicator: (Check if *Multimedia inspection*)

<input type="checkbox"/>	Multimedia Indicator
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16. Cross Media Indicator: Federal Facility Activity

This is an indication that directly marks the inspection activity as involving Federal Facilities (specific to inspection activity; not facility ownership). (Check only *ONE*)

<input type="checkbox"/>	Federal Facility (traditional federal facility, military base, federal land or federal agency impacting private property)
<input checked="" type="checkbox"/>	No Federal Facility Involvement (no federal agency or federal property are involved)
<input type="checkbox"/>	Non-Federal Party Impacting Federal Property (activity involving contractors on federal property or spills migrating to federal property)

17. Compliance Monitoring Action Outcome:

This identifies the outcome of the inspection, if known at the time of activity. (Check only *ONE*)

<input checked="" type="checkbox"/>	Under Review
<input type="checkbox"/>	No Violation
<input type="checkbox"/>	Immediately Corrected
<input type="checkbox"/>	Not Immediately Corrected
<input type="checkbox"/>	No Compliance Monitoring (Access Denied)
<input type="checkbox"/>	No Compliance Monitoring (Facility Shut Down)
<input type="checkbox"/>	

18. Did you observe deficiencies (potential violations) during the on-site inspection? (Check No or Yes)

<input checked="" type="checkbox"/>	No → If checked, proceed to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify the Deficiencies observed in the table below then proceed to ICDS line 19

Deficiencies observed (Check all applicable)

<input type="checkbox"/>	Potential excess emission in violation of regulations
<input type="checkbox"/>	Potential failure to complete or submit a notification, report, certification, or manifest
<input type="checkbox"/>	Potential failure to follow a permit condition (s)
<input type="checkbox"/>	Potential failure to follow a required sample monitoring procedure or laboratory procedure
<input type="checkbox"/>	Potential failure to follow or develop a required management practice or procedure
<input type="checkbox"/>	Potential failure to identify and manage a regulated waste or pollutant in any media
<input type="checkbox"/>	Potential failure to maintain a record or failure to disclose a document
<input type="checkbox"/>	Potential failure to maintain/inspect/ repair meters, sensors, & recording equipment
<input type="checkbox"/>	Potential failure to obtain a permit, product approval, or certification
<input type="checkbox"/>	Potential failure to report regulated events such as spills, accidents, etc.
<input type="checkbox"/>	Potential incorrect use of material (pesticide, waste, product) or use of unapproved material
<input type="checkbox"/>	Potential violation of a compliance schedule in an enforceable order

19. If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? (Check No or Yes)

<input checked="" type="checkbox"/>	No → If checked, skip to ICDS line 21
<input type="checkbox"/>	Yes → If checked, proceed to ICDS line 20

20. Did you observe the Facility take any actions during the inspection to address the deficiencies noted?

(Check No or Yes)

<input checked="" type="checkbox"/>	No → If checked, proceed to ICDS line 21
<input type="checkbox"/>	Yes → If checked, you must identify Actions taken in table below then proceed to ICDS line 21

Action(s) taken (Check only actions observed/ seen)

<input type="checkbox"/>	Completed a Notification or Report
<input type="checkbox"/>	Corrected Monitoring Deficiencies
<input type="checkbox"/>	Corrected Record Keeping Deficiencies
<input type="checkbox"/>	Implemented New or Improved Management Practices or Procedures
<input type="checkbox"/>	Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc)
<input type="checkbox"/>	Requested a Permit Application or Applied for a Permit
<input type="checkbox"/>	Verified Compliance with Previously Issued Enforcement Action – Part or All Conditions
<input type="checkbox"/>	Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc).

→ If **Reduced Pollution** is checked, you must check and/or specify at least one Pollutant in the table below. See Pollutant Reference Table for complete list of available values. The document is available on EPA R10's OCE Intranet site.

Common Water Pollutants

<input type="checkbox"/>	BOD, 5-day, percent removal	<input type="checkbox"/>	O/G (Oil & Grease)	<input type="checkbox"/>	Sediment
<input type="checkbox"/>	Cl (Chlorine)	<input type="checkbox"/>	Overflow Volume (SSO, CSO)	<input type="checkbox"/>	SS (Settleable Solids)
<input type="checkbox"/>	COD (Chemical Oxygen Demand)	<input type="checkbox"/>	Production, seafood effluent	<input type="checkbox"/>	TC (Total Coliform)
<input type="checkbox"/>	DO (Dissolved Oxygen)	<input type="checkbox"/>	Sanitary sewage	<input type="checkbox"/>	TSS (Total Suspended Solids)
<input type="checkbox"/>	E. coli	<input type="checkbox"/>	Sanitary waste, BOD, 5-day	<input type="checkbox"/>	Untreated sewage

Other (specify):

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21. Did you provide *general* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* inspections? (Check No or Yes)

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes

22. Did you provide *site-specific* Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance *during* the inspections? (Check No or Yes)


<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes

23. Is the inspection/evaluation related to a *NPDES Special Regulatory Program*? (Check No or Yes)

<input type="checkbox"/>	No → If checked, skip Attachments A-F
<input checked="" type="checkbox"/>	Yes → If checked, you must identify the NPDES Special Regulatory Program. (Check applicable Program in table below, then proceed to Attachment indicated)
<input type="checkbox"/>	Pretreatment → Proceed to ICDS Attachment <u>A</u>
<input type="checkbox"/>	Sanitary Sewer Overflow (SSO) → Proceed to ICDS Attachment <u>B</u>
<input type="checkbox"/>	Combined Sewer Overflow (CSO) → Proceed to ICDS Attachment <u>C</u>
<input checked="" type="checkbox"/>	Concentrated Animal Feeding Operations (CAFOs) → Proceed to ICDS Attachment <u>D</u>
<input type="checkbox"/>	Storm Water (Non-Municipal) → Proceed to ICDS Attachment <u>E</u>
<input type="checkbox"/>	Storm Water (Municipal) → Proceed to ICDS Attachment <u>F</u>

Data Collection Process:

- Inspector is responsible for collection of ICDS data during the on-site inspection.
- Inspector should complete the ICDS *during* or *immediately after* the inspection is conducted.
- Inspector should forward completed ICDS to first-line supervisor/designated alternate within five (5) days after returning from either a single inspection, or a series of inspections.
- The first-line supervisor/designated alternate should ensure ICDS data is collected & reported, and that the data is complete and accurate. Once the supervisor review is complete, the ICDS should be forwarded to the data entry person. For **CWA inspections**, forward the ICDS to the attention of Jeannine Brown by any of the following methods: Mail to U.S. EPA Region 10, 1200 6th Avenue, Suite 900, Mailstop OCE-184, Seattle, WA 98101; fax to 206-553-4743; or email to Brown.Jeannine@epa.gov.

ICDS Sign Off	Name	Date Completed
ICDS Completed By Inspector 	DAVE TERPENING	FEB 24, 2012
ICDS Review Completed By First-line Supervisor/Designated Alternate		
ICDS Data Entry Completed By CWA Data Manager	Jeannine Brown	

ICDS Attachment D: Concentrated Animal Feeding Operation (CAFO) (page 1 of 2)

General Information

Is the Animal Facility Type a CAFO? (Yes or No)	NO
CAFO Classification? (Large, Medium, or Small)	
CAFO Designation Date: (mm/dd/yyyy)	
Designation Reason:	
Discharges During Year From Production Area: (Check only ONE)	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes (Authorized only)	
<input type="checkbox"/> Yes (Unauthorized only)	
<input type="checkbox"/> Yes (Both Authorized/ Unauthorized)	

Solid & Liquid Manure

Solid Manure or Litter Generated: (Tons)	
Liquid Manure or Wastewater Generated: (Gallons)	
Solid Manure or Litter Transferred: (Tons)	
Liquid Manure or Wastewater Transferred: (Gallons)	

NMP (Nutrient Management Plan)

Does the facility have an NMP developed or approved by a certified planner? (Yes or No)	YES
NMP Developed Date: (mm/dd/yyyy)	
NMP Last Updated Date: (mm/dd/yyyy)	

EMS (Environmental Management System)

Does the facility have an EMS? (Yes or No)	
EMS Developed Date: (mm/dd/yyyy)	
EMS Last Updated Date: (mm/dd/yyyy)	

Land Application BMP (Best Management Practices)

Type (Check all applicable)
<input checked="" type="checkbox"/> Buffers
<input checked="" type="checkbox"/> Setbacks
<input type="checkbox"/> Conservation Tillage
<input type="checkbox"/> Constructed Wetlands
<input type="checkbox"/> Infiltration Field
<input type="checkbox"/> Grass Filter
<input type="checkbox"/> Terrace
<input type="checkbox"/> Residue Management
<input type="checkbox"/> Other: (Specify)

Animal Type

Animal Type (Check all applicable)	Open Confinement Count (#)	Housed Under Roof Confinement Count (#)	Total #
<input checked="" type="checkbox"/> Mature Dairy Cattle	0	136	136
<input checked="" type="checkbox"/> Veal Calves	0	160	160
<input type="checkbox"/> Cattle (All except Mature Dairy Cattle & Veal Calves)			
<input type="checkbox"/> Swine over 55 lbs			
<input type="checkbox"/> Swine under 55 lbs			
<input type="checkbox"/> Horses			
<input type="checkbox"/> Sheep or Lambs			
<input type="checkbox"/> Turkeys			
<input type="checkbox"/> Chicken (All except Layers)			
<input type="checkbox"/> Chicken (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other: (Specify)			

Manure, Litter, & Processed Wastewater Storage Types

Storage Type (Check all applicable)	Storage Total Capacity Measure (#-- specify Tons or Gallons)	Days of Storage (#)
3		
<input type="checkbox"/> Wastewater Treatment Lagoon		
<input checked="" type="checkbox"/> Storage Lagoon 2	2,950,000	
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Above Ground Storage Tanks		
<input type="checkbox"/> Below Ground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Underflow Pits		
<input type="checkbox"/> Anaerobic Digester		
<input type="checkbox"/> Outdoor Piles		
<input type="checkbox"/> None		
<input type="checkbox"/> Other: (Specify)		

ICDS Attachment D: CAFO (page 2 of 2)

Land Application

Land Available for Application Measure: (# of acres)	170
Number of Acres of Contributing Drainage from Production Area: (# of acres that are drained & collected in the production area)	

Livestock

Livestock Maximum Capacity: (# of animals)	
Livestock Capacity Determination Based Upon: (# of animals)	
Authorized Livestock Capacity: (the maximum # of animals that the Facility is authorized to handle which could be the same as the Designed Maximum Capacity)	

Containment Type

Type (Check all applicable)	Total Capacity (#)
<input checked="" type="checkbox"/> Lagoon <i>Two</i>	2,950,000
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: (Specify)	

Violation Types

Type (Check all applicable)
<input type="checkbox"/> Failure to Have an NMP
<input type="checkbox"/> Failure to Follow an NMP
<input type="checkbox"/> Inadequate Storage
<input type="checkbox"/> Unauthorized Discharge
<input type="checkbox"/> Improper Record Keeping
<input type="checkbox"/> Failure to Follow Setbacks/Vegetative Buffering
<input type="checkbox"/> Failure to Sample/Test Manure/Soil
<input type="checkbox"/> Failure to Submit Annual Report



NPDES CAFO INSPECTION REPORT

FACILITY NAME: ROZELYN FARM DAIRY
9325 DOUBLE DITCH ROAD
LYNDEN, WASHINGTON 98264

FACILITY CONTACT: LEON ZWEEYMAN (OWNER AND OPERATOR)

DATE OF INSPECTION: FEBRUARY 24, 2012

TYPE OF INSPECTION: UNANNOUNCED (FEDERAL) COMPLIANCE EVALUATION INSPECTION

INSPECTORS NAMES: LEAD DAVE TERPENING (EPA), DUSTAN BOTT (EPA),

SUMMARY OF THE INSPECTION:

WE ARRIVED AT THE DAIRY UNANNOUNCED ON FEBRUARY 24TH. MR. ZWEEYMAN (OWNER AND OPERATOR) WAS ABLE TO MEET WITH US TO CONDUCT THE NPDES COMPLIANCE EVALUATION INSPECTION. THE DAIRY DOES NOT HAVE A PERMIT. WE PRESENTED OUR CREDENTIALS TO MR. ZWEEYMAN AND WERE NOT DENIED ACCESS. WE INTERVIEWED MR. ZWEEYMAN AND WALKED THE FACILITY. THE DAIRY HAD TWO WASTE STORAGE LAGOONS WITH A STORAGE CAPACITY AROUND 3 MILLION GALLONS. INCLUDED IN THIS REPORT ARE THE FOLLOWING DOCUMENTS: 3560 FORM, ICDS FORM, AND A PHOTOLOG. DECONTAMINATION PROCEDURES WERE FOLLOWED.

AT THE TIME OF THIS INSPECTION:

NO ISSUES OR CONCERNS WERE IDENTIFIED OR OBSERVED

PERMIT NUMBER ASSIGNED: NEW PERMIT NUMBER WAU000531

PHOTOS TAKEN BY: DAVE TERPENING AND INCLUDED AS ATTACHMENT A

INSPECTION REPORT COMPLETION DATE: March 23, 2012

LEAD INSPECTOR SIGNATURE:

D. Terpening

ATTACHMENT A

Photograph Documentation

By

DAVE TERPENING



Photo 1 Looking North across the first full lagoon on the Rozelyn Farm Dairy with a holding capacity of about 950,000 gallons. This lagoon gravity feeds into a second larger lagoon (~2,000,000 gallons) located behind the first lagoon.



Photo 2 Looking South across the first lagoon with some waste solids floating on the surface.



Photo 3 This photo is looking at the pipe that feeds into the second waste storage lagoon on the Rozelyn Farm Dairy. This second lagoon still has plenty of waste storage space available.



Photo 4 This photo shows the level of the second lagoon with plenty of waste storage space available.



Photo 5 Aerial photo of the Rozelyn Farm Dairy.